

Foster Family Home - Corrective Action Report

Provider ID: 5-180051

Home Name: Eileen B. Quetula, CNA

2976 Hoolako Street

Lihue

HI 96766

Review ID: 5-180051-1

Reviewer: David Ayling

Begin Date: 10/19/2018

End Date: 10/19/18

Foster Family Home

Required Certificate

[17-1454-6]

6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

Home visit for a new 2 person CCFFH certification review made on 10/19/18.

6.(d)(1) - Home in compliance with all requirements. Home will receive a 1 year 2 bed certification.

Compliance Manager

Primary Care Giver

Date

Date